Public Records Request



Date		
Requestor name		
Company name (if applicable)		
Address		
City	State	Zip
E-mail	Phone	
Records requested (indicate do	c, page # etc.)	
Copy or fulfillment charge		
Type of request $\ \square$ Media $\ \square$	Public	
purpose of producing a document contain	ning all or part of the copy, printout, or he purpose of solicitation, or for any pu	ord for the purpose of the sale or resale or for the photograph for sale, or obtaining of names and urpose in which the purchaser can reasonably ablic record."
I acknowledge that I have viewe	d or received the records indi	icated above.
Send your request to: Arizona Criminal Justice Comm 1110 W. Washington, Suite 230, Phoenix, AZ 85007	•	on Officer
or email <u>medwards@azcjc.g</u>	<u>70V</u> .	

ACJC STAFF USE	
Assigned to	Due date
Communication dept. review	Delivery date and method
Staff notes	